

COUNTY OF MONTGOMERY

EMPLOYEE EXIT CHECKLIST (To be completed by Department and returned to Human Resources)

| | Department |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Date Worked | |
| | Check off and initial when completed |
| Department/Agency Manager or Director | Turn in keys (if applicable) Turn in Govt. Center Badge (if applicable) Turn in other County ID card (if applicable) Turn in uniform/safety shoes (if applicable) Turn in County credit card (if applicable) Turn in County cell phone (if applicable) Complete Termination Change of Status form Instruct employee to set an exit interview with HR |
| Human Resources Will | Verify that Change of Status form has been received Exit Interview conducted (if not mail paperwork) Ask Chris Coleman to delete from montva.com (if applicable) Make changes in Benefit Enrollment F/M Delete employee from Monty Notify IMS to terminate Munis and computer privileges Notify Steve Phillips QEN (COBRA) – FT & PT Classified & Board Member VRS Change of Address and Election form (Form 3A) FBA Notification of Termination form – Flexible Benefits HSA notification, if applicable Health insurance Dental insurance Optional Vision insurance 401(k); 457 Investments – ICMA website Retiree Continuation of Benefits form (if applicable) Optional Life insurance (if applicable) – Minnesota Life Optional Whole Life insurance - Kanawha VEST 529 College Savings (if applicable) Pre-paid Legal Services (if applicable) United Way Pledge is satisfied (if applicable) Weight Watchers is satisfied (if applicable) Have employee contact Genworth LTC and/or AFLAC Pull I-9 form from folder Remove from DMV Monitor list |

Revised 11/18/11 November 18, 2011